

# City of Carlsbad • Recreation Department

## Fall 2007 Registration Form

PLEASE PRINT IN INK AND FILL OUT COMPLETELY

The City's Liability Waiver must be completed, signed and returned before the activity start date or participation will not be allowed. Thank you for your cooperation.

### Primary Adult Contact

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HM PHONE \_\_\_\_\_ WK PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

[CHECK HERE IF YOU PREFER NOT TO RECEIVE OUR ELECTRONIC MAILINGS](#) ☐

EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

### Activity Registration

ACTIVITY #	ACTIVITY NAME	PARTICIPANT'S NAME (1st & Last)	DOB	M/F	DAY	TIME	LOCATION	START DATE	FEE

Do you require any special accommodations to participate in the program you are interested in? If so, please check here. ☐ 

### Method of Payment

☐ Cash ☐ Check: Make checks payable to "City of Carlsbad." ☐ Charge

*See Registration Information on page 31 for appropriate sites, mailing addresses on page 30.*

Visa/MasterCard # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Note: No refund or Credit Memo will be given after the first class. \$20 check processing fee for refunds granted. \$35 service charged for all returned checks.

### Photographic Release

I permit the Recreation Department to use and publish photographs and/or videotapes of me and/or my children for purposes of presenting recreation activities to the community and to promote the recreation program to prospective clients and/or participants. I also give permission to release such photographs and/or videotapes to the news media in support of the program.  
\_\_\_\_\_  
(Please Initial)

### Release From Liability and Indemnification (Please read before signing.)

I agree to waive and release the City of Carlsbad (which includes its officers, employees, agents, volunteers, and elected and appointed officials) from any claims, causes of action, damages, losses, liabilities, or expenses (which includes attorney fees and court costs) for any personal injury, property damage or death arising out of my or my child's participation in the above activities and events, regardless of whether the personal injury, property damage or death was caused by the negligence of the City of Carlsbad or otherwise. I UNDERSTAND THAT BY SIGNING THIS WAIVER I AM FREEING THE CITY OF CARLSBAD FROM ANY LIABILITY RESULTING FROM MY OR MY CHILD'S PARTICIPATION IN THE ABOVE ACTIVITIES AND EVENTS. I RECOGNIZE THAT THESE ACTIVITIES AND EVENTS CAN BE DANGEROUS TO ME OR MY CHILD AND ACCEPT THOSE DANGERS. I UNDERSTAND THAT IF I AM OR MY CHILD IS INJURED, THIS WAIVER WILL BE USED AGAINST ME AND ANYONE ELSE CLAIMING DAMAGE BECAUSE OF MY OR MY CHILD'S INJURY IN ANY LEGAL ACTION. I ALSO UNDERSTAND THAT NO CITY EMPLOYEE OR AGENT IS AUTHORIZED TO MODIFY THIS WAIVER. I CERTIFY THAT I HAVE PERSONALLY READ AND UNDERSTAND THIS WAIVER AND RELEASE.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## Medical Emergency Release

In the event of sudden illness, accident or injury which may occur while said minor is engaged in activity supervised by the representatives, agents or assignees, when neither the parents, guardian or designated family physician can be contacted, I hereby give my consent pursuant to California Civil Code #25.8 for emergency treatment as shall be necessary under circumstances by any physician licensed under the Laws of the State of California in consideration of my or my child's participation in the activity, I hereby release and discharge the City of Carlsbad (which includes its officers, employees, agents, and elected and appointed officials) from any and all claims for personal injury.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Family Physician _____		Phone _____
Insurance Company _____		
Pertinent medical history information (Epilepsy, diabetes, allergies, etc.) ____ Yes ____ No. If yes, explain: _____		
Parent Emergency Phone # _____ In case of emergency (if parent cannot be contacted) please notify:		
Name _____	Phone _____	
Name _____	Phone _____	
My child takes the following medications on a regular basis:		
Medicine _____	Time Given _____	Dosage _____
<small>Staff is not permitted to dispense any medication not prescribed by a physician. A physician's note must accompany the medication that is to be dispensed.</small>		

## Code of Conduct Release

The City of Carlsbad Recreation Department encourages a safe and healthy atmosphere by supporting an environment free from: Drugs or Alcohol, Violence, Intimidation, or Harassment, Gambling or Solicitation, Profanity, or Abusive Language, Vandalism or Property Damage. This code of conduct applies to all participants, spectators, visitors, facility users, organizations or groups, staff and volunteers in any and all Carlsbad Recreation Department Activities, Programs, Field and Facility Uses.

Violation of this Code of Conduct may result in disciplinary action up to and including immediate and permanent expulsion from Carlsbad Recreation Programs, cancellation of any facilities or field reservations, forfeiture of any and all fees, and financial or other restitution for any damage. Acts conducted by a minor are the responsibility of the parent or guardian. I have read and agree to abide by the City of Carlsbad's Code of Conduct and accept responsibility for any acts on behalf of my child in violation of this code.

\_\_\_\_\_ (Please Initial)



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*"Creating Community through People, Parks & Programs"*

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